

Personal Responsibility
Education Program (PREP)

Teen Pregnancy Prevention Program

Policy & Procedures Manual

April 2016



Teen Pregnancy Prevention Program

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CHAPTER 1: INTRODUCTION

Program Background

The Arizona Department of Health Services (ADHS) has been receiving funding for teen pregnancy prevention services, primarily abstinence education, since 1998. ADHS was first funded in April 1995 when SB 1073 was passed by the Arizona state legislature. The bill entitled Teen Pregnancy Prevention taskforce allowed for the creation of a teen pregnancy prevention task force, the provision of community grants and promotion of teen pregnancy prevention through a media campaign. Funding for the community programs funded through SB 1073 ended in 2000. In 1998, ADHS received funding for Federal Abstinence Education services enacted by Congress in 1996. In May 1998, the Arizona Department of Health Services awarded contracts to agencies to begin abstinence education program services throughout the state. Separate contracts were awarded for the evaluation and media components of the program. The funding remained in place through 2007.

As of 2005 ADHS has been receiving Lottery funds with the passage of Proposition 203. The Lottery funds are used to fund abstinence and abstinence plus teen pregnancy prevention programs across the state through community-based organizations and county health departments. Additionally, through the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) [Pub.L.111-148], ADHS receives funding to provide abstinence and abstinence plus education services.

Funding for teen pregnancy prevention is distributed through the ADHS Bureau of Women's and Children's Health (BWCH), Office of Women's Health (OWH).

Program Description

The Teen Pregnancy (TPP) Program offers two strategic approaches - Abstinence Education and Abstinence Plus Education - to improve the health and social well-being of youth through the reduction of teen pregnancies and sexually transmitted diseases, and the awareness of healthy relationships and life skills. The program provides youth with knowledge and skills that can be applied throughout their lives thru projects focused on classroom instruction, youth development/service learning and peer leadership. The program is designed to serve youth ages 11- 19 years of age, of all ethnicities with a primary focus on teens age 15-17 years of age who are at high-risk for becoming pregnant including youth residing in areas with high teen birth rates, Hispanics, Native Americans, African Americans, youth in foster care, homeless youth and pregnant/parenting teens.

Program models are implemented with fidelity and are medically accurate, culturally relevant and employ research-based strategies that have been demonstrated to be effective in reducing the rate of teen pregnancy and reducing the incidence of sexually transmitted infection among youth.

Program Funding

Program services are provided statewide and funded through the Patient Protection and Affordable Care Act of 2010 (Personal Responsibility Education program (PREP) to implement abstinence plus programs across the state that educate on both abstinence and contraception for the prevention of teen pregnancy and sexually transmitted diseases/infections, including HIV/AIDS .

Program Goals

In an effort to reduce teen pregnancy in the State, ADHS has proposed:

Overarching Goal

To reduce the rates of pregnancy and births and decrease the incidence of sexually transmitted diseases/infections in teens ages 11-19.

Long-term Outcomes

- By the end of the grant period, the birth rate in Arizona to youth 15-19 years of age will decrease by 10%, as measured by Arizona Vital Statistics.
- By the end of the grant period, the incidence of youth 15-19 years of age who have contracted a sexually transmitted disease/infection will decrease by 10%, as measured by Arizona Vital Statistics.

Purpose of this Manual

The purpose of this manual is to document TPP Program policy and procedures for programs funded under the Personal Responsibility Education Program (PREP) to provide teen pregnancy prevention services. It shall be used in development, implementation, and management of the program by sub-grantees and ADHS/TPP staff as a reference. This manual provides more detailed information than is contained in the contract. TPP Program sub-grantees are required to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operations.

Revisions to the manual will be distributed to all sub-grantees at least thirty days prior to the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document. If this reference does not answer your questions or concerns, or if you have suggestions for additional information that might be included in the policy manual, please contact the Teen Pregnancy Prevention Program Managers at:

Arizona Department of Health Services
Bureau of Women's and Children's Health
Teen Pregnancy Prevention Program
150 N. 18th Avenue, Suite 320
Phoenix, Arizona 85007-3242
(602) 364-1400 / FAX (602) 364-1494

CHAPTER 2: GLOSSARY

Definition of Terms in the Manual

Abstinence means to voluntarily choose not to do something. When referring to sex, it means to voluntarily not engage in sexual activity.

Abstinence Education means implementing curricula that is either evidence-based or promising practice, medically accurate and culturally diverse. Program strategies are designed to reduce the incidence of teenage sexual activity and sexually transmitted diseases/infections (STDs/STIs) by promoting abstinence as the 100% sure way to prevent a pregnancy or an STD/STI.

Abstinence Plus means implementing curricula that is evidence-based or promising practice, culturally diverse and medically accurate. Program strategies are designed to reduce the incidence of teenage pregnancy and sexually transmitted diseases/infection (STDs/STIs) by promoting abstinence as the 100% sure way to prevent a pregnancy or an STD/STI *plus* providing information on contraception, method of use, and effective rates.

Active Parental/Guardian Consent means parents/legal guardians of youth sign and return a form giving permission for their child to participate in the program and/or in the evaluation study.

Activities are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.

ADHS means the Arizona Department of Health Services.

Appendix means a document included for informational purposes.

BWCH means the Bureau of Women's and Children's Health at the Arizona Department of Health Services.

Contractor means the Grantee.

Fidelity means implementation that occurs when implementers of a research-based program or intervention closely follow or adhere to the protocols and techniques that are defined as part of the intervention. For example, for a school-based prevention curriculum, fidelity could involve using the program for the proper grade levels and age groups, following the developer's (the company or agency that wrote the curriculum) recommendations for the number of sessions per week, sequencing multiple program components correctly, and conducting assessments and evaluations using the recommended or provided tools.

Incentive means a tangible or intangible reward used to motivate and/or reward individuals to participate in a program or activity. Incentives may be in the form of activities (such as special field trips, food, or recreation) or rewards (such as gift certificates).

Key Personnel means staff involved in the planning, administration, operation, or monitoring of this Grant.

May means the Contractor is encouraged to utilize recommended policy in order to fulfill the intent of the contract.

Medically and Scientifically Accurate means verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable; or comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Must means a mandatory Program policy considered essential to the provision of high quality services. A Contractor who does not follow a required Program policy will be cited for this failure.

Outreach means any method used to provide information and education to the community regarding teen pregnancy prevention programs and services.

OWH means the Office of Women's Health in the Bureau of Women's and Children's Health at the Arizona Department of Health Services.

Primary Care Areas are geographical units that allows data to be presented at a geographic scale smaller than the county level, providing a more targeted approach in identifying areas of need. Primary Care Areas are the areas eligible for services by PREP sub-grantees.

Program refers to the Teen Pregnancy Prevention Program as outlined in the Policy and Procedure manual.

Program Coordinator means the ADHS employee who works closely with the Program Manager(s) to coordinate essential aspects of the program.

Program Manager means the ADHS employee(s) who is/are responsible for the implementation and oversight of the Teen Pregnancy Prevention Program. The Program Manager(s) coordinates activities among Contractors, provides technical support, negotiates contracts, conducts site visits, and monitors Contractor compliance with the provisions of the policies and procedures.

Program Model means an evidence-based or promising practice curriculum integrated to meet the funding objectives.

Promotional Item means an object of nominal value which promotes the program being delivered. Examples include pencils, water bottles, and stress balls.

Service-Learning is a teaching and learning strategy that integrates meaningful community service with instruction and reflection to enrich the learning experience, teach civic responsibility, and strengthen communities.

Sexual Activity means any type of genital contact or sexual stimulation including, but not limited to vaginal, oral, or anal intercourse or mutual masturbation.

Shall means mandatory program requirement.

Sub-grantee means the Contractor.

CHAPTER 3: PROGRAM MANAGEMENT AND ADMINISTRATION

Role of the Bureau of Women's and Children's Health

The mission of the ADHS BWCH is to strengthen the family and community by promoting and improving the health and safety of women, infants and children. This is accomplished through the provision of community-based services and the facilitation of systems development. The functional structure of BWCH includes the following offices: Assessment and Evaluation, Business and Finance, Children's Health, Children with Special Healthcare Needs, Injury Prevention, Oral Health, and Women's Health. BWCH manages and distributes funding that provides services to reduce the mortality and morbidity among women and children, increase access to health care, and reduce health disparities.

The BWCH OWH oversees the adolescent sexual health programs which include abstinence plus education programs, abstinence education programs and parent education programs. These programs are working together toward the common goal of reducing teen pregnancy, teen births, and sexually transmitted diseases/infections (STDs/STIs) among adolescents. The Sexual Health Programs also support Healthy People 2020 and facilitates achievement of the BWCH Strategic Plan.

BWCH contracts with public and private agencies to provide youth and/or parent education services to address the public health issues of teen pregnancy and sexually transmitted infections. BWCH provides technical assistance to Contractors, monitors contract compliance, coordinates and provides professional development opportunities and authorizes payment of contracted deliverable services.

Role of the ADHS Teen Pregnancy Prevention Program Managers in Program Management

The ADHS BWCH TPP maintains two (2) Program Managers (PMs) who are responsible for providing day-to-day technical assistance to contracted programs, conducting annual contractor site visits and facilitator observations, coordinates and provides professional development for contracted program staff and training of "Certified Facilitators" for implementation of Wyman's Teen Outreach Program® (TOP®).

The TPP PMs are responsible for assisting contracted programs with ensuring that the concepts they plan to implement are evidence-based, realistic, and delivered with fidelity. The TPP PMs are required to work closely with each contractor to ensure successful service implementation and compliance with the contract.

Role of the Sub-grantee in Program Management

The Contractor must develop administrative, management, and organizational systems that meet all Teen Pregnancy Prevention Program requirements.

- Contractors must provide services of high quality and must be efficiently administered. It is essential that contractors provide adequate staff with relevant experience that are capable of and devoted to the successful accomplishment of work performed under the Teen Pregnancy Prevention Program.

- Contractors shall assign specific individuals to key positions of responsibility. Staff working in the program shall be fully committed to the teen pregnancy prevention messages and capable of developing and fostering positive and professional relationships with youth.
 - If any of the assigned Key/Essential Personnel does not satisfactorily perform the assigned duties, the Contractor shall withdraw such Key/Essential Personnel immediately upon ADHS' notification and shall replace the withdrawn Key/Essential Personnel with other Key/Essential Personnel at no additional cost to ADHS.
 - Upon replacement of program staff, sub-grantee shall notify ADHS within 15 days and provide name and resume of new staff.
- The contract shall monitor health educators delivering curriculum to youth at least one time each year to ensure appropriate interaction with youth and fidelity of curriculum being delivered.
- Contractors shall adhere to the following mandatory program deliverables:
 - Attendance at Teen Pregnancy Prevention contractor meetings; at minimum, must have at least one staff or representative in attendance;
 - Ensure health educators are trained, through an ADHS approved training, in the curriculum they are delivering;
 - Attend the summer professional development conference hosted biennially by ADHS;
 - Administer pre/post evaluation tools to youth;
 - Submit Fidelity Monitoring report data;
 - Submit Forms A-D data;
 - Follow the Curriculum Adaptation Policy; and
 - Submit required documentation when administering the Wyman's TOP®.
- Contractors shall assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy such as but not limited to:
 - Parent/guardian consent forms kept in a locked cabinet in a secure area.
 - Attendance records kept in a locked cabinet in a secure area.
 - Completed evaluation forms placed into envelopes and sealed prior to leaving a class and then placed in a locked box (portable file) until evaluations tools are delivered/mailed to ADHS.

Sub-contracting

The contractor shall not enter into any subcontract under this contract for the performance of this Grant without the advance written approval of the ADHS Program Manager. The contractor shall clearly list any proposed subcontractors and the subcontractors proposed responsibilities.

- In the event that services are approved for sub-contracting, the contractor shall :
 - remain responsible for ensuring that the subcontractor provides service in accordance with all specifications within the contract and the policy and procedure manual;
 - monitor the sub-contractor's performance and maintain written documentation of their monitoring outcomes for review during the Contractor's annual site visit.

Teen Pregnancy Prevention Program Web-based Systems

The TPP Program utilizes several web-based systems for Contractors to have readily available access to resources and for the purpose of reporting data and required documentation.

- TPP SharePoint Site: my.health.azdhs.gov
 - The TPP SharePoint is a web portal that houses documents and information pertaining to the program:
 - Calendar of events with meeting, training and site visit dates;
 - Discussion board;
 - Forms, templates and resource documents;
 - Wyman TOP® documentation; and
 - Announcement board
 - To acquire a user name and password for SharePoint, all users must complete a Siren SharePoint User Agreement (Attachment A) and submit to their assigned TPP PM. The PM will submit the form to IT who assigns the user name and passwords.
 - ADHS updates the TPP SharePoint site at the beginning of each month and emails notification of updates to all contractors.
 - It is the responsibility of the Contractor to visit the site regularly to upload required documents, access information and/or post/respond to discussion board topics.

- TPPAZ Site: tppaz.org
 - The tppaz site is a web portal designed to record counts of program participants (Forms A-D), Fidelity Monitoring Reporting and Wyman TOP® Club Registration.
 - All users access the site by using the password: prevention.
- Wyman Connect: wymanconnect.org
 - The Wyman Connect web-based system is used to record and manage data for the TOP® clubs including but not limited to teen identification numbers, youth participation and attendance, pre/post survey results, and community service learning hours.
 - ADHS TPP Program Managers assign user names and passwords once facilitators complete the 3-day Wyman Teen Outreach Program Certified Facilitator training. See Chapter 4 Program Services and Deliverables – Program Deliverables – Administering the Wyman Teen Outreach Program section for further information.

Use of Incentives and Promotional Items

The use of incentives is an evidence-based strategy for promoting participant engagement and buy-in used within the following guidelines:

- Incentive purchases cannot exceed (two) 2% of total annual budget.
- Monetary incentives cannot consist of cash.
- Incentives are not allowed to be given for groups meeting in-school, during class time.
- Incentives such as gift cards and gift certificates of nominal value are allowed for groups meeting after-school or in a community-based setting.
- Incentives in the form of donations, monetary or otherwise, shall not be made to a school or organization in exchange for providing services.
- Promotional items of nominal value may be given to encourage participation for groups in all settings, i.e. pens, pencils, wrist bands, etc.

Requests to Purchase Food

The purchase of food with this funding is permitted. Contractor shall follow the Request for Food policy (Attachment B) and submit the request form when needing to purchase food for teen pregnancy prevention events.

- All requests shall be submitted to the assigned TPP program manager at minimum three (3) weeks prior to an event or three (3) weeks prior to an internal deadline needing to be met.

- Food purchases cannot exceed (two) 2% of total annual budget.
- Snacks will be considered for approval only for youth sessions that are 1.5 hours or more and are held immediately afterschool.
- Meals (within ADHS per diem rate) or snacks will be considered for approval for youth sessions that are 6 hours or more on evenings and weekends.
- Food provided must be healthy items.
- Requests being made with “recruitment and retention” as a justification for providing food will not be approved.

TPP program managers will review the request and forward it to the ADHS Chief Financial Officer for final approval. Contractors shall not purchase food and no food purchases shall be reimbursed until a Request for Purchase of Food document has been approved and signed by the ADHS Chief Financial Officer.

Purchasing Non Capital and Capital Equipment

The purchase of equipment with this funding is permitted. Information on equipment purchased shall be provided to the assigned ADHS Program Manager for inventory purposes and shall include:

- Serial Number
- Location of item
- Description of Item
- Make and Model
- Purchase Date
- Cost
- Photo of item

Program Marketing/Outreach

Programs are permitted to develop marketing/outreach materials to promote their services in the community to inform the community of services available. All marketing materials must include the following tag line:

Funded in part by the Arizona Department of Health Services as made available through a grant from the U.S. Department of Health and Human Services.”

Programs shall submit all materials developed to their assigned TPP program manager for approval prior to printing materials within limitations.

Other education and outreach events such as teen mazes, health fairs, etc. are not considered evidence-based interventions and no more than (two) 2% of a sub-grantees’ budget shall be applied towards these activities.

Participation in health fairs for the purpose of recruiting youth and/or parents is permitted within limits.

Collaborative Program Efforts

To avoid duplication of efforts and to maximize resources, contractors shall develop partnerships and/or collaborate with ADHS funded agencies and any other agencies providing teen pregnancy prevention services in their local communities. A listing of ADHS funded teen pregnancy prevention programs by County can be found in Attachment C.

CHAPTER 4: PROGRAM SERVICES AND DELIVERABLES

Program Services Overview

Program services are designed for youth ages 11- 19 years of age, of all ethnicities with a primary focus on teens age 15-17 years of age who are at high-risk for becoming pregnant including youth residing in areas with high teen birth rates, Hispanics, Native Americans, African Americans, youth in foster care, homeless youth and pregnant/parenting teens.

The intent of the funds is to provide evidence-based, medically accurate, and culturally relevant education programs with fidelity. Programs address the problems of teen pregnancy and sexually transmitted diseases/infections among youth, in schools or community-based organizations, in identified areas of highest need for teen pregnancy services referred to as Primary Care Areas.

- Programs must educate both on abstinence and contraception for the prevention of teen pregnancy and sexually transmitted diseases/infections, including HIV/AIDS.

In addition to the approved curricula, applicants will be required to integrate at least three Adulthood Preparation Subjects (APS) into their programs.

All youth participating in program services must have a parental consent form on file signed by a parent or legal guardian giving permission for them to participate in the program and program evaluation.

Programs must be welcoming and accessible to LGBTQ youth, consider the needs of lesbian, gay, bisexual, transgender, and questioning youth and be inclusive of and non-stigmatizing towards such participants.

Program services must be provided without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, number of pregnancies, or marital status.

Programs must assure that differences in culture, family structure, personal and family values, and resources are respected.

Program services to any individual must be free of charge.

Programs shall not support inherently religious activities, including, but not limited to, religious instruction, worship, prayer, or proselytizing.

Program Service Areas

Program services may be offered in a variety of settings, within the identified Primary Care Areas, where youth can be reached including but not limited to in-school, after school, foster care group homes, community-based organizations, etc.

- Sub-grantees may deliver services within a (two) 2-mile radius outside of their contracted PCA with prior approval from their assigned ADHS TPP program manager.

- Sub-grantees who have selected to provide services in Maricopa and Pima PCAs are required to serve youth in foster care in those respective counties.
- Special populations of youth such as runaway/homeless youth, youth in foster care and pregnant/parenting teens can be provided services anywhere within the state.

Program Models

Programs must deliver at least one evidence-based, medically accurate, culturally relevant program model with fidelity from the ADHS approved list of curricula, that have been demonstrated to be effective in reducing the rate of teen pregnancy and reducing the incidence of sexually transmitted diseases/infections among youth.

- Curricula and other educational materials provided in a school based setting must follow the Arizona Department of Education (ADE) guidelines regarding sex education, R7-2-303 Sex Education (Attachment D)..
- ADHS may update the list of approved curricula including adding or removing curricula on the list, as needed.
- Contractors may request PMs to review Abstinence Plus curriculum from the Office of Adolescent Health's evidence-based curricula list for addition to the ADHS-approved list, as needed.

Program models approved for use in PREP are:

Approved Evidence-based Curricula			
Curricula	Targeted Age/ Grade Level	Targeted Population	Setting
Be Proud! Be Responsible!	13-18 Year olds	All races/ethnicities	In-school, after school, community-based
Be Proud! Be Responsible! Be Protective!	7-12 Grade teens	Pregnant/parenting teens – all races/ethnicities	In-school, after school, community-based
Becoming a Responsible Teen	14-18 Year olds	All races/ethnicities	Community-based
¡Cúdate!	13-18 Year olds	Latino youth	In-school, after school, community-based

Making Proud Choices	11-18 Year olds	All races/ethnicities	In-school, after school, community-based
Promoting Health Among Teens! Comprehensive Abstinence & Safer Sex Intervention	11-18 Year olds	All races/ethnicities	In school, after school
Reducing the Risk	9-12 Grade teens	All races/ethnicities	In-school
Teen Outreach Program® (TOP®)/Levels I-IV	6-12 Grade teens	All races/ethnicities	In-school, after school, community-based

- A listing of approved curricula with descriptions, allowable delivery methods, and fidelity requirements of program models can be found in Attachment E.
- Sub-grantees may request to change the curricula they are delivering with prior approval from their assigned ADHS TPP program manager.

Adulthood Preparation Subjects

The delivery of Adulthood Preparation Subjects (APS) is a grant requirement. The APS that can be offered through PREP are:

- Healthy Relationships
- Financial Literacy
- Healthy Life Skills
- Educational and Career Success

Applicants can elect to implement all four (4) APS and/or substitute the **financial literacy** topic for **educational and career success** when an applicant is delivering services to high school aged youth.

Some APS are covered in the program models and do not need to be covered further. However, if an APS is not incorporated in a curriculum, sub-grantees will need to develop a lesson plan to cover a **forty-five (45) minute** class period.

- Lessons plans shall be submitted to sub-grantees assigned TPP program manager for approval.
- No lesson plan may be delivered without prior approval from ADHS.

The table below identifies those adulthood preparation topics that are already covered in the curricula.

Adulthood Preparation Topics in Evidence-Based Teen Pregnancy Prevention Programs				
<i>"X" indicates those adulthood preparation topics already covered in the curricula</i>				
Curricula	Healthy Relationships	Financial Literacy	Educational & Career Success	Healthy Life Skills
Be Proud! Be Responsible!	X			
Be Proud! Be Responsible! Be Protective!	X			
Becoming a Responsible Teen	X			X
¡Cúdate!	X			X
Making Proud Choices	X			
Promoting Health Among Teens- Comprehensive Abstinence & Safer Sex Intervention	X			X
Reducing the Risk	X			X
Teen Outreach Program®	X		X	X

Curricula that be used to develop 45-minute lessons when needed are identified below. Sub-grantees are not required to use the curricula identified below and have the option to integrate other curricula.

Curricula for Adulthood Preparation Subjects	
APS Topic	Curricula
Financial Literacy	Preparing Adolescents for Young Adulthood (PAYA) Program Module I - Money, Home, and Food Management
	University of Illinois Extension - <i>Welcome to the Real World</i>
	National 4-H Council - <i>Consumer Savvy</i>
	National 4-H Council - <i>My Financial Future</i>
	National Endowment for Financial Education (NEFE) - <i>High School Financial Planning Program</i>

Healthy Life Skills	Preparing Adolescents for Young Adulthood (PAYA) - <i>Module II - Personal Care, Health, Social Skills, and Safety</i> – covers such as communication, decision-making, interpersonal skills, and goal-setting
Educational and Career Success	Preparing Adolescents for Young Adulthood (PAYA) Module III - Education, Job Seeking Skills, and Job Maintenance Skills
	University of Illinois Extension <i>Welcome to the Real World</i>

Active Parental/Guardian Consent for Youth Participation in Program Services

Active parental consent must be obtained for any and all youth participants, at any venue, prior to participating in the program and/or completing the evaluation.

- An “active consent” requires a parent or legal guardian to sign and return a form giving permission for their child to participate in the program and in the evaluation.
- Parents/Guardians may consent to allowing their child to participate in the program and not the evaluation without consequence.
- Programs must use the ADHS provided consent form but may add any additional topics to the form such as, emergency contact information, allergies, t-shirt sizes, etc. The ADHS Consent Form is also available in Spanish (Attachments F).
 - When administering the exit survey in a middle school setting or the entry & exit surveys with youth under 14 years of age where sensitive questions are being omitted, the evaluation consent form provided should be used but the bulleted information within the form should be adapted to acknowledge the removal of sensitive questions. The adapted bulleted verbiage is in English and Spanish (Attachment F).
- Programs administering the Wyman TOP® must use the consent form which combines the required Wyman and ADHS evaluation verbiage but may add any additional topics to the form such as, emergency contact information, allergies, t-shirt sizes, etc. The TOP/ADHS Combined Consent Form is also available in Spanish Attachment G1 & G2.
- The contractor shall keep signed consent forms in a locked cabinet in a secured area. BWCH Program Managers will monitor the collection/completion and storage of consent forms at each contractor site visit and will document whether the contractor is in compliance with the outlined requirements.
- Parental/Guardian consent forms must be kept by the individual Contractor through the life of the grant award and after shall be destroyed according to the individual organization’s records retention policy.

Attendance Records for Youth Sessions

ADHS requires that attendance records be kept on every youth participating in a curricula session.

- Programs must use the ADHS provided attendance record sheet which will be reviewed during site visits (Attachment H).
- Programs administering the Wyman TOP® must use the ADHS-TOP provided attendance record sheet (Attachment I) and record their attendance into the TOP® Wyman Connect online system.
- Attendance sheets must include:
 - Class start and end time
 - Class period
 - Grade
 - Program facilitator name
 - Curriculum being delivered
 - Location of program delivery - school/community organization name, City and County
 - Participant name
 - Notation of youth who have received active parental consent to participate in the program
 - Notation of youth who have received parental consent to participate in the evaluation
 - Notation of youth who have completed the pre and post evaluation tool (ADHS and/or Wyman)
 - Date of birth
 - Age
 - Gender
 - Ethnicity
 - Date of lesson delivery
 - Attendance status for each lesson given

Program Deliverables

The ADHS TPP issues a “Due Dates of Deliverables” document at the beginning of each contract fiscal year that provides Contractors with a listing of all deliverables, due dates of each, where to submit deliverables, and location where templates are located.

Deliverables for the TPP program include:

- Contractor Meetings
 - ADHS hosts day-long contractor meetings to provide professional development training, contractor networking and program updates.
 - Contractors shall attend teen pregnancy prevention contractor meetings; at minimum, must have at least one staff or representative in attendance.
 - Meetings are held in April and October at ADHS. Exact dates and location are provided at the October meeting each year and posted on the Teen Pregnancy Prevention SharePoint calendar.
- Curriculum Trainings
 - Contractors must ensure that health educators are trained in the curriculum they are delivering through an ADHS-approved developer training.
 - ADHS offers curriculum trainings biennially to all contracted staff. The curricula offered for training is based on contractor need and ADHS having the resources to provide the trainings.
 - If no training is being offered by ADHS TPP, contractors may contact the curriculum developers directly to inquire about upcoming trainings they may be offering.
 - Documentation of attendance at trainings shall be kept in the Program's records or the staff's personnel record.
- Summer Professional Development Conference
 - Contractors shall attend the summer professional development conference hosted biennially by ADHS.
 - The summer conference is specifically tailored to program managers and health educators with topic areas specific to program management, teen pregnancy prevention and overall adolescent health.
 - Documentation of attendance at trainings shall be kept in the Program's records or the staff's personnel record.
- Program Evaluation/Performance Measures
 - All PREP funded sub-grantees shall collect information throughout the program participation year which runs July 1 – August 31, to report annually. Performance Measures that are required are:
 - **Measures of Participant Demographics, Behaviors, Intentions, Perceived Effects.** Referred to as Participant Entry Survey and Participant Exit Survey. These surveys include questions about a youth's attitudes and behaviors, school, how well they communicate with their family and friends, as well as their influence on a decision-making. (Attachment J1 & J2)
 - **Measures of Structure, Cost, Support for Program Implementation.** Provides information on program implementation by sub-awardee. Information collected includes the funding

amount awarded to the sub-awardee, the number of facilitators working for the sub-awardee, training and observation of facilitators. (Attachment K)

- **Measure of Implementation Challenges and Needs for Technical Assistance.** Provides information on any challenges that sub-awardees are facing and any needs for technical assistance to address those challenges. (Attachment L)
- **Measure of Structure, Cost, Support for Program Implementation by Program Model Data.** Provides information on each program model being implemented by each sub-awardee. Data collected includes intended program delivery hours, target populations and adulthood preparation topics. (Attachment M)
- **Program Attendance, Reach & Dosage.** Describes PREP program delivery and is designed to answer questions regarding how many youth were served, the degree to which they had an opportunity to receive the intended program dosage, and program attendance. (Attachment N1 and N2)

- The primary purpose of the PREP performance measures (PREP-PM) is to collect information from all grantees on the extent to which the PREP objectives are being met and to contribute to lessons learned from scaling up the replication of evidence-based programs. PREP-PM can also create a foundation for program improvement efforts, prompted by federal, grantee, and sub-awardee examinations of the data.
- Information for Performance Measures shall be collected, administered, and reported as outlined in *ADHS Evaluation Process /PREP Performance Measures Guide for Data Reporting & Data Collection* (Attachment F).
- Programs administering Wyman TOP® must also administer the Wyman pre/post surveys in addition to the PREP Entry/Exit Surveys. See Administering the Wyman Teen Outreach Program® section for more information.
- Contractors may not conduct pre or post evaluation activities in addition to the PREP and Wyman provided tools.
- The state of Arizona and or its sub-grantees shall participate, if selected, in a national evaluation.
- Fidelity Monitoring Reporting
 - Program Facilitators shall report on the manner in which each lesson of a program model was delivered to assure that lessons maintain faithfulness with the selected curricula guidelines for fidelity.
 - Programs shall report delivery of their lessons through the tppaz.org system no later than five (5) days following completion of each lesson.
 - Programs shall follow the instructions outlined in the *User Guide for Completing Online Fidelity Surveys* when submitting their end-of-lesson surveys (Attachment O).

- Programs shall notify ADHS TPP Program Managers when facilitators need to be added or deleted from the tppaz.org system.
- Forms A-D Reporting
 - Contractors shall complete Forms A-D on the tppaz.org system reporting numbers of participants who have received services at:
 - Mid-program contract year (six (6) months) - reporting counts from October 1- March 31; and
 - End of program contract year (twelve (12) months) - reporting counts from October 1 – September 30.
 - Participant numbers shall be reported through the tppaz.org system within fifteen (15) days following mid-program period and end of program period.
 - Programs shall follow the instructions outlined in the *User Guide for Completing Online Data Collection Forms* when submitting their Forms A-D (Attachment P). The user guide is located in the tppaz.org site in the Forms A-D section.
 - A form to help facilitate the tracking of participants receiving program services has been developed. It is an excel file and located on tppaz.org in the link *Download the TPPAZ Participant Data Workbook*. It is not required that programs use this form but may find it helpful.
- Curriculum Adaptation Policy
 - When a full program model is being replicated with fidelity, adaptations to the program should be minimal though some routine adaptations may be needed.
 - There are three (3) levels of adaptations known as Green Light, Yellow Light, and Red Light. All require written approval from ADHS TPP Program Managers.
 - If sub-grantees are requesting adaptations that are yellow or red light adaptations, further approval is needed from the federal funder and sub-grantees should be aware that it may take longer to receive approval.
 - Contractors should refer to the *Curricula Adaptation Policy Form* (Attachment Q) for guidance, information, and expectations regarding the process for requesting, reviewing, approving, and implementing adaptations.
 - ADHS has developed a *Curricula Adaptation Guide* (Attachment R) outlining adaptations that have been requested by ADHS funded contractors and approved by both curricula developers and ADHS.
 - The approvals outlined in the guide eliminate the need for programs to obtain curriculum developer written approval for adaptations that have previously been requested and approved.
 - An adaptation request form must still be submitted to ADHS TPP.

- Adaptations to the Wyman TOP® follow a different process and must first be discussed with the contractor's assigned ADHS program manager.
- Administering the Wyman Teen Outreach Program®
 - Wyman TOP® must be delivered with fidelity holding 25 weekly meetings over a 9-month span with a minimum of 20 hours of community-service learning completed by each youth.
 - The Wyman Center allows for adapted delivery methods of the program with prior approval. Three types of adaptations are permitted:
 - Minor Adaptation where the program duration is shortened but the program is still delivered with 25 weekly meetings and 20 hours of community service are completed by each youth.
 - Major Adaptation where the program is adapted for a compelling reason that is in the best interest of the teens. Duration of program, number of weekly lessons and community services learning hours are shortened to fit the need.
 - Pilot Application when the timing of a new club start date will not allow a club to meet the full dose of TOP® fidelity. Clubs remain in pilot status for one program cycle then must move to full fidelity.
 - Contractors needing to deliver TOP® with an adaptation to the 9-month/25 weekly meetings/20 CSL hour fidelity or requesting to implement TOP® as a pilot shall first discuss the need with their assigned ADHS Program Manager prior to submitting requests to Wyman.
 - Contractors needing to cancel a club prior to completing the full dosage of delivery (adapted or pilot clubs) shall first discuss the need with their assigned ADHS Program Manager.
 - Contractors implementing the Wyman TOP® must have TOP® certified staff facilitating the program.
 - Staff shall be certified by attending a 3-day Wyman TOP® Certified Training of Facilitators provided by ADHS twice a year, pending adequate participation.
 - If no training is being provided by ADHS, contractors may send staff to be certified at a Wyman Center Training of Facilitators.
 - Upon contractor staff completing the 3-day certification of facilitators training, ADHS will issue certified facilitators access to the Wyman Connect on-line web-based system.
 - Contractors must utilize the Wyman Connect online web-based system to record and manage club information, such as:
 - entering Teen IDs for all teens participating in clubs;
 - entering youth participation and attendance on a monthly basis;
 - managing youth participation;
 - entering Wyman pre/post survey results for each participating teen upon completion; and
 - entering community service learning hours as completed by youth.

- Contractors developing marketing materials/promotional items which include the use of the Wyman or TOP® name must adhere to the *Wyman Style Guide for TOP® Partners* (Attachment S).
- Contractors implementing the Wyman TOP® are required to provide and submit deliverables exclusive to TOP®, in addition to the ADHS deliverables:
 - completion of the TOP® Club Registration Form on tppaz.org reporting information on each club being established;
 - submission of the parental/guardian consent form template distributed for signature;
 - submission of an initial program schedule (Attachment T) for each club showing planned program content – curriculum level, lessons to be implemented, service learning activity, guest speakers, holiday breaks, etc.
 - Schedules shall include at least one lesson from each of the sexual health & development topics – development, healthy relationships, sexuality, sexually transmitted diseases/infections, and contraception (Attachment U).
 - submission of the Wyman “Non-disclosure of Confidential Information Agreement” (Attachment V);
 - submission of up-to-date club attendance and CSL information for each participating youth;
 - management of Teen IDs, participating teens and clubs;
 - administering of the Wyman TOP® pre- and post-evaluation surveys to participating youth with parent/guardian consent following the guidelines outlined in the Wyman evaluation guide (Attachment W); and
 - pre and post evaluation responses entered into the Wyman Connect on-line system.

Referral of Youth

PREP funding requires sub-grantees to refer youth to services needed that the sub-grantees will not be able to meet. Many youth being served may have high-risk factors in their lives that contracted agencies may not be in the position to assist with and referrals to partnering agencies may need to be made.

Sub-grantees must have a plan in place describing the referral process that will be used for referring youth to internal and external resources.

- ADHS TPP program managers will review and discuss the progress of plan implementation.

Bullying and Harassment Policy

PREP funding requires sub-grantees to have policies in place to prohibit harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin. Policies should address a plan for monitoring and addressing bullying of any kind.

- ADHS TPP program managers will review and discuss the progress of plan implementation.

CHAPTER 5: PROGRAM REPORTS

Monthly Narrative Reports

Sub-grantees shall submit monthly narrative reports (Attachment X) of program activity and services rendered.

Reports are due on the 10th of the month following each month of service and shall be uploaded to TPP SharePoint in the sub-grantees designated folder in the appropriate fiscal year.

Annual Narrative Reports

Sub-grantees shall submit an annual narrative report (Attachment Y) of program activity and services rendered and any research and analysis other than PREP performance measures conducted and funded with PREP dollars.

Reports are due forty-five (45) days following the end of the contract period year. The date is listed in the Due Dates and Deliverables and posted on the SharePoint calendar. Reports shall be uploaded to TPP SharePoint in each sub-grantees designated folder in the appropriate fiscal year.

CHAPTER 6: FINANCIAL REQUIREMENTS

Contractor Expenditure Reports

Sub-grantees shall submit monthly invoices referred to as a Contractor's Expenditure Report (CER) within thirty (30) days following the month of service. CERs shall be emailed to the sub-grantees assigned ADHS TPP program manager for review, approval and processing.

- ADHS TPP will provide an auto-populated CER template (Attachment Z) at the beginning of each contract year for the 12-month period. Sub-grantees only need to add their "current reporting period expenditures" to each month's CER. All other columns will auto-populate.
- Sub-grantees shall submit the ADHS TPP Itemized CER Report (Attachment AA) with every monthly CER.
- On a quarterly basis, sub-grantees shall submit copies of receipts supporting expenses billed on that month's CER. Months assigned for submittal of all supporting documentation are: December, March, June, and September.
 - ADHS TPP program managers may review financial documentation from other months during annual site visits.
- Any time sub-grantees are requesting reimbursement for travel expenses and equipment purchases, sub-grantees must submit documentation supporting the expenses being billed. The following type of documentation will be accepted:
 - Travel reimbursement - sub-grantee's travel claim form detailing travel expenses paid.
 - Mileage reimbursement - mileage travel form detailing odometer readings and total miles traveled and paid.
 - Equipment reimbursement - receipt detailing type of equipment purchased and costs for equipment.

Annual Budget Requests

Sub-grantees shall submit an annual budget justification (Attachment AB) and itemized budget (Attachment AC) that will be implemented during the next Grant period. Exact due dates will be detailed on the Due Dates of Deliverables form and on the TPPSharePoint calendar.

Renewal of annual budgets is contingent on the U.S. Department of Health and Human Services, Office of Adolescent Health continuing to fund PREP services.

- Budgets will be reviewed annually and may be decreased accordingly based on changes in award allocations from the funding source, failure to meet the number of youth proposed to be served, and sub-grantees not spending down budgeted funds efficiently.

- Budget justifications shall contain no acronyms in the descriptions.
- Once the ADHS procurement office issues a purchase order for the next year's grant period, ADHS TPP shall provide an auto-populated CER template for the 12-month period as referenced in the section Contractor Expenditure Report.

Budget Line Item Adjustments

With prior written approval from the TPP program manager, the sub-grantee may transfer up to a maximum of 10% of the total budget amount between line items per year. Transfers of funds are only allowed between funded line items.

- Sub-grantees shall first discuss the need for a line item moves with their assigned TPP program manager.
- Upon approval to move forward, sub-grantee shall submit the 10% Move Request form (Attachment AD) when requesting line item moves.
- The 10% Move Request form shall be emailed to the sub-grantees assigned TPP program manager for review and approval.
- Once the 10% move request is approved, sub-grantees will need to add the revised budget to their CER template in the "revised budget" column.

Line item transfers exceeding 10% or to a non-funded line item shall require an amendment.

- Amendments will require the sub-grantee to complete and submit the budget justification and itemized budget forms referenced in the section "Annual Budget Requests".
- Forms shall be emailed to sub-grantees assigned TPP program manager for review and processing with the ADHS procurement office.
- Once approved, the ADHS TPP program manager will issue a revised CER template form reflecting the new budget for sub-grantee submittal of CERs as referenced in the section Contractor Expenditure Reports.

CHAPTER 7: PROGRAM MONITORING

Annual Reviews

ADHS will conduct annual site visits at sub-grantee's location. TPP program managers will coordinate these visits with sub-grantees.

- The site review process provides an opportunity to meet with program staff to discuss program implementation and provide training and technical assistance, as needed.
- TPP program managers will send a notification letter to the sub-grantee outlining the dates of the meeting and a copy of the site visit monitoring guide that will be used during the visit which summarizes the areas for review and request for materials/information the sub-grantee will need to provide during the site visit.
- Upon completion of the site review, the TPP program manager will write a report of findings which will be sent to the sub-grantee and kept on file at ADHS.

Classroom Observations of Health Educators

In addition to the annual site visit, ADHS TPP program managers will conduct annual observations of facilitators delivering curriculum. TPP staff will coordinate these visits with sub-grantees.

- Observations of facilitators provide the opportunity for ADHS program managers to ensure lessons are being delivered with fidelity, gauge youth engagement and participation, as well as provide coaching and technical assistance to health educators observed.
- TPP program managers follow a standardized observation form that can also be utilized by contractor level program managers when observing their facilitators (Attachment AE & AF).

Records Retention

Sub-grantees shall keep all teen pregnancy prevention documentation in accordance with the Terms and Conditions outlined in the contract.